

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010723

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 17 1962

Primary Registration District No. 5562 Registrar's No. 43

VS 300
Rev. 4/59

0470

0470

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94200

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1286-0

131-0

DATE AMENDED

5/8/62

INSTEAD OF

3/2/362

SHOULD READ

3/27/62

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

| | | | |
|--|------------------------|--|----------------------------|
| 1. PLACE OF DEATH a. COUNTY Iron | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia | | Length of stay in 1b 11mo.8da | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last William Felix Reynolds | | 4. DATE OF DEATH Month 23 Day 23 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/19/1884 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown | | 11. BIRTHPLACE (City and state or country) Adair Co., Ky. | |
| 13a. FATHER'S NAME James F. Reynolds | | 13b. MOTHER'S MAIDEN NAME Sarah E. Rayee | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. [redacted] | |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | 14. NAME OF HUSBAND OR WIFE Emma Lee Franklin | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 17. INFORMANT Address Dolores Weiss, Ironton, Mo. | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from April 15, 1961 to Mar. 27, 1962 and last saw him alive on Mar. 26, 1962 | | Death occurred at 1:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) Marvin C. [signature] | | 22b. ADDRESS Ironton, Missouri | |
| 22c. DATE SIGNED 3-29-62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | |
| 23b. DATE 3-28-62 | | 23c. NAME OF CEMETERY OR CREMATORY Garlan Ky. | |
| 24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. | | 25. DATE RECD. BY LOCAL REG. 3-29-62 | |
| 26. REGISTRAR'S SIGNATURE Mrs. Aris Jones | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

APR 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Amel J. White

Licensed Embalmer No. 3012

P. O. Address Strouton, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.